



FORM E

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NOTICE OF CHANGE IN WASTE ORIGIN INFORMATION FOR THE COUNTY OF LOS ANGELES UNINCORPORATED AREAS

Reporting Period: _____

Transfer/Processing Station or Waste Hauler: _____

Facility Address: _____

Facility Contact Person (print): _____ Signature: _____

Phone No.: () _____

Waste Collection Permit No. issued by L.A. County Dept. of Health Services: _____

Date of Transaction	Transaction Number	Proposed Change to Jurisdiction of Origin								Hauler Name
		From				To				
		Previously Reported Origination Location (include jurisdiction name and zip code)	Route No.	Landfill used	Tonnage	Corrected Origination Location (include jurisdiction name and zip code)	Route No.	Landfill used	Tonnage	
Totals:										

Notes:

1. This Form must be used by any Transfer/Processing Stations and Waste Haulers operating in Los Angeles County to modify / change the amount of solid waste collected from customers in the Los Angeles County unincorporated areas previously reported in Form "D" under the WOVP.
2. Transfer/Processing Station operators and Waste Haulers have one and a half months after the end of a reporting period (a calendar month), to submit this form to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460. **NO SUBMITTALS WILL BE ALLOWED AFTERWARDS.**
3. A copy of this Form and all data used to complete this Form must be retained by the facility owner/operator for a period of three years, and shall be made available for review during business hours.

Source: Los Angeles County Department of Public Works, Environmental Programs Division, Telephone: (800) 780-0944, Fax: (626) 458-3593, Website: www.solidwastedrs.org.

